



## VILLAGE OF WHEELING

2 Community Blvd  
Wheeling, Illinois 60090



### RENTAL RESIDENTIAL PROPERTY LICENSE APPLICATION

#### MULTI - UNIT BUILDING

APARTMENT BUILDING, DUPLEX, or MULTIPLE UNIT OWNERSHIP

(Please Print or Type)

Complex Name (if applicable) \_\_\_\_\_

Building Address \_\_\_\_\_

(Complete a separate form for each building)

Property Tax Index Number (P.I.N.) \_\_\_\_\_

Total number of dwelling units in building: \_\_\_\_\_

#### OWNERSHIP INFORMATION

Owner Name \_\_\_\_\_

Address (P. O. Box is not acceptable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Residence Phone (\_\_\_\_\_) \_\_\_\_\_

#### For properties held in trust:

Trustee Name(s) \_\_\_\_\_

Address (P.O. Box is not acceptable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

Beneficial Interest Holder(s) (Use additional sheets if necessary) \_\_\_\_\_

#### MANAGEMENT AGENT INFORMATION (if other than owner)

Property Management Firm \_\_\_\_\_

Contact Person/Agent/Manager \_\_\_\_\_

Address (P.O. Box is not acceptable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

CONTINUE



## EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Address (P.O. Box is not acceptable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

24-Hour Emergency Phone \_\_\_\_\_

**All of the information provided in this Application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Property Owner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

404.4.1 Area for sleeping purposes: Every room occupied for sleeping purposes by one occupant shall contain at least 70 square feet of floor area, and every room occupied for sleeping purposes by more than one person shall contain at least 50 square feet of floor area for each occupant thereof.

404.4.4 Prohibited occupancy: Kitchens and non-habitable spaces shall not be occupied for sleeping purposes. Where a living room, dining room, or combined living/dining room spaces are required by 404.5, such rooms shall not be occupied for sleeping purposes.

International Property Maintenance Code 2012 as amended.

State law requires installation and maintenance of smoke detectors for all multiple family buildings. If you have any questions regarding smoke detectors, please call Wheeling Fire Department Fire Prevention Bureau at 847-459-2662.

## RENTAL DWELLING UNIT INFORMATION

**\*\*\*MUST COMPLETE THE FOLLOWING INFORMATION\*\*\***

**Number of Units in Building** \_\_\_\_\_

Multi-unit buildings may contain an assortment of different size units. In order to determine the occupancy loading for each unit type, please complete a separate section for each different unit type. Indicate identical units at the top of each section under the Unit Number(s) section.

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Dwelling Unit Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total number of rooms in dwelling unit: \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Living Room \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #1 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Dining Room \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #2 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Kitchen \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #3 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Other \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #4 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Occupancy Load for this Unit (to be completed by Village)

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Dwelling Unit Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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Bedroom #3 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Other \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #4 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Occupancy Load for this Unit (to be completed by Village) \_\_\_\_\_

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Dwelling Unit Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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Other \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #4 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Occupancy Load for this Unit (to be completed by Village) \_\_\_\_\_

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Dwelling Unit Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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Occupancy Load for this Unit (to be completed by Village) \_\_\_\_\_

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Dwelling Unit Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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Kitchen \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #3 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Other \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Bedroom #4 \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Occupancy Load for this Unit (to be completed by Village) \_\_\_\_\_

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(Please make copies of this page as needed for additional units)

**THIS SECTION FOR OFFICE USE ONLY**



Total number of Units \_\_\_\_\_ Number of units to be inspected annually \_\_\_\_\_

Base Fee, includes one inspection - \$100.00 \$ 100.00

Additional Inspection Fees @ \$50.00 per unit \_\_\_\_\_ @ \$50.00 = \_\_\_\_\_  
(see table below)

Total Fee = \_\_\_\_\_

Total # of Units	Total # to be Inspected
1-5	1
6-10	2
11-20	3
21-30	4
31-40	5
41-50	6
51-60	7
60 or more	10% + 2 additional units

Zoning \_\_\_\_\_

Initial Inspection Date	# of Units Inspected
Reinspection Date	# of Units Reinspected
Reinspection Date-2	# of Units Reinspected-2
Reinspection Fee	
Reinspection Fee Date Paid	Conditional Approval Date
Compliance Date	Conditional Expiration Date
License/Relicense Fee Due	Date Paid
Temporary Certificate #	Temporary Certificate Date
Annual License #	Expiration Date

This Application has been reviewed and approved by the Department of Community Development for **Conditional Approval**.

\_\_\_\_\_  
Director of Community Development

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

This Application has been reviewed and approved by the Department of Community Development.

\_\_\_\_\_  
Director of Community Development

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date